

Demonstration (Program) Toolkit

Placeholder for Public Awareness Campaign Details

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Quick Check

Check (☐) the boxes that apply to you:

- ☐ I am between ages 21 and 64
- ☐ I get Medicare
- ☐ I have Mass Health Standard **or** CommonHealth
- ☐ I don't have any private health insurance (like health insurance from my job)

If you checked all 4 boxes, you may be able to take part in a new program (called the Program) that can improve the healthcare services you are getting.

If you don't know if you are part of MassHealth Standard or CommonHealth, please contact MassHealth Customer Service Center at 1-800-841-2900 TTY: 1-800-497-4648.

This toolkit will help you decide if the Program is right for you. The toolkit will tell you:

- If you can sign up
- How to sign up
- What will happen once you sign up
- What will happen if you don't sign up
- What healthcare services will be covered under the Program
- What an Integrated Care Organization (ICO) is and how to choose one

Signing up for the Program is your choice. You don't have to sign up for the Program if you don't want to. You have to make a choice or MassHealth will sign you up.

Is the Program a good fit for you?

- ✓ Do you want your doctors and other healthcare providers to work with you and each other to make sure you're getting the best possible care? They will do this in the Program by being part of an **Integrated Care Organization (ICO)**.

What is an Integrated Care Organization (ICO)?

An ICO is a health plan or company that will manage your MassHealth and Medicare.

It will make sure that your Primary Care Provider (PCP) and Specialty Providers work with you and all the other people who take care of you to keep you well.

There will be people at the ICO whose job is to make sure that you are involved in your healthcare every step of the way. They will work with you, your family, and other caregivers that you choose to get you the right services that you need.

- ✓ Do you want to be involved in every part of your healthcare? In the Program, you can make sure that you are getting the services you need, when you need them.
- ✓ Do you want to get more services, like dental care and eye care?
- ✓ Do you want to keep the doctors and other healthcare providers you already have?

If you answered **YES** to these questions, then the Program may be right for you!
Keep reading to learn more — including how to sign up for the Program.

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- Definitions and Glossary of Terms
- Pre-Enrollment Information Sheet (SHINE Worksheet)
- Contact Information

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Signing up for the Program

At-a-Glance

Can I sign up for the Program?

You **can** sign up for this Program if:

- ☐ You are between 21 and 64 years of age
- ☐ You already get Medicare Parts A and B
- ☐ You qualify for Medicare Part D
- ☐ You have MassHealth Standard or CommonHealth as your health insurance

You **can't** sign up for this Program if:

- × You have any private health insurance in addition to MassHealth and Medicare (like health insurance from your job)
- × You are signed up for Medicare Part D benefits from a different plan (You can only have one Medicare Part D provider)
- × You are participating in a MassHealth Home and Community Based Services (HCBS) Waiver Program

Signing up for the Program is your choice. You don't have to sign up for the Program if you don't want to.

How do I sign up for the Program?

MassHealth will send you a letter in the mail if you qualify for the Program. This will start in May 2013. Once you get the letter, you can sign up.

When can I sign up for the Program?

The Program will begin July 1, 2013. Sign up will open in May 2013 and you can sign up at any time after that.

Note: At some point between October 2013 and January 2014, you will be automatically signed up for the Program, unless you fill out a form saying you do not want to be part of the Program. (You will get the form in the mail.)

If you have any questions, call MassHealth Customer Service Center at 1-800-841-2900 TTY: 1-800-497-4648.

Signing up for the Program

Can I sign up for the Program?

You **can** sign up for this Program if:

- ☐ You are between 21 and 64 years of age
- ☐ You already get Medicare Parts A and B
- ☐ You qualify for Medicare Part D
- ☐ You have MassHealth Standard or CommonHealth as your health insurance

You **can't** sign up for this Program if:

- × You have any private health insurance in addition to MassHealth and Medicare (like health insurance from your job)
- × You are signed up for Medicare Part D benefits from a different plan (You can only have one Medicare Part D provider)
- × You are participating in a MassHealth Home and Community Based Services (HCBS) Waiver Program like:
 - Acquired Brain Injury Waivers
 - Traumatic Brain Injury Waiver
 - Frail Elder Waiver
 - Department of Developmental Services Adult Waivers
 - Money Follows the Person Waiver

If you don't know if you are part of MassHealth Standard, CommonHealth, or in a waiver program, please contact MassHealth Customer Service Center at 1-800-841-2900 TTY: 1-800-497-4648.

How do I sign up for the Program?

MassHealth will send you a letter in the mail if you qualify for the Program. This will start in May 2013.

Once you get the letter, you can sign up. If you decide to sign up, you will need to choose the Integrated Care Organization (ICO) you want. The Program will start July 1, 2013. You can also choose not to sign up at this time.

If you don't sign up in May, you can join the program at any time. You can sign up by:

- Completing the paperwork you receive in the mail from MassHealth and returning it by mail
- Visiting a MassHealth Enrollment Center and completing the paperwork in person
- Contacting a SHINE Counselor at XXXXX
- *Placeholder*

What is an Integrated Care Organization (ICO)?

An ICO is a health insurance plan or company that will manage your MassHealth and Medicare.

It will make sure that your Primary Care Provider (PCP) and Specialty Providers work with you and all the other people who take care of you to keep you well.

There will be people at the ICO whose job is to make sure that you are involved every step of the way. They will work with you, your family, and other caregivers that you choose to get you the right services that you need.

More information about ICOs is included in this toolkit, beginning on page #XX.

When can I sign up for the Program?

The Program will begin July 1, 2013. Sign up will open in May 2013 and you can sign up at any time after that.

- If you sign up in May and June 2013, your coverage will start on July 1, 2013.
- If you sign up after June 2013, the Program will start the first day of the next month. For example, if you sign up in July, your coverage will start on August 1.

Will I be automatically signed up?

At some point between October 2013 and January 2014, you will be automatically signed up for the Program, unless you fill out a form saying you do not want to be part of the Program. (You will get the form in the mail.)

If you are automatically signed up, MassHealth will choose your Integrated Care Organization (ICO), and then you can decide to change your ICO or leave the program. You will have at least 60 days to let MassHealth know your choice once you have been automatically signed up for the Program.

I can't understand the letters from MassHealth. Is there someone I can call to speak to about the Program?

You can contact MassHealth Customer Service Center (1-800-841-2900 TTY: 1-800-497-4648) or you can speak to a SHINE Counselor, who is trained to answer questions about the Program and help you figure out:

- If you should sign up for the Program
- Which Integrated Care Organization (ICO) would be the best fit for you

Contact information is located in the Resources Section of this toolkit.

Where can I go to talk to someone about the Program?

Placeholder

Can someone come to my home and help me fill out the forms?

Placeholder

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What will happen once I sign up for the Program?

Your Integrated Care Organization (ICO) will work with you to find any additional community support services you may need to help with:

- Wellness
- Recovery
- Self management of chronic conditions
- Independent living

These include services like day services, home care, respite, and more.

Once you join the Program, you will be able to get services that you currently do not receive through MassHealth, such as:

- **Dental Services:** This include preventive, restorative, and emergency dental work
- **Personal Care Assistance for Activities of Daily Living and Instrumental Activities of Daily Living:** This service allows you to get help doing everyday tasks, including reminders or coaching (cueing or monitoring) for bathing, dressing, personal hygiene, and other activities of daily living
- **Durable Medical Equipment Assistance:** This service gives you training in using, repairing, and modifying durable medical equipment
- **Environmental Aids and Assistive/Adaptive Technology:** This will help you buy tools and equipment that will help you in your daily activities
- **Vision Services:** This includes eyeglasses

For more information on these services, please see the Resources Section of this toolkit.

What will happen to my existing benefits once I choose to participate?

Once you choose to be part of the Program and select an Integrated Care Organization (ICO), the ICO has up to 90 days to finish a review of your care needs.

Until this review is finished, your current services will continue. You can continue to get services from your same medical, mental health, and service providers, pick up your medications from your same pharmacy, and go to the same hospital.

Jerome hears about a new program that will help to coordinate his care. He is interested in signing up, but he wants to keep the doctor's appointment he has scheduled for next month so he can talk to his doctor. Jerome signs up for the Program. Jerome's ICO covers all his appointments until he develops a plan for his healthcare with them.

Nothing will change for you until:

- The review of your care needs is finished by you and your Care Team
- Everyone has met to make your person-centered Care Plan (a Care Plan created by you, for you)
- Your Care Plan is in place

This will happen within 90 days after the day the Program starts for you.

For example, if you currently receive Personal Care Attendant (PCA) services, your ICO will make sure that you continue to receive these services, at the same amount of hours per week, until you develop a Care Plan with your Care Team that best meets all of your needs.

You (and your family and caregivers, if you choose to involve them) will be at the center of creating your new Care Plan with your Care Team.

When you meet with your Care Team, you will discuss your needs — which may include changing your current services to better meet your needs. This may mean more or less of a service, or a new service. After your Care Plan is finished, you will receive a written notice in the mail. If you don't agree with any of the changes, you can make an appeal (formally saying you disagree). Instructions on how to make an appeal will be included in the written notice.

What will happen to my services if I choose to not be part of the Program after I sign up for an Integrated Care Organization (ICO)?

If you choose to stop being in the Program, the services from your Integrated Care Organization (ICO) will remain in place until the end of that month. For example, if you choose not to be part of the Program at the beginning of September, you will be in the Program until the end of September.

Once the Program ends, you will need to work closely with your Care Team and the people who provide you with your services, so they can work with MassHealth or Medicare to make sure you keep getting the same services, if possible.

What if I want to sign up for another MassHealth program while I am in the Program?

If you sign up for another MassHealth program (like one of the MassHealth Waiver Programs), you won't be able to stay in the Program. Make sure you sign up and get into the new MassHealth program you would like to join before leaving the Program.

What if I sign up for another health insurance plan?

If you change insurance providers (like to a private health insurance plan or a different Medicare Part D plan), you can't be part of the Program any longer. For example, if you sign up for health insurance through your work, you will no longer be able to be in this Program.

What if there is a problem with my MassHealth coverage? Will I lose all my services?

If there are any issues with your coverage, you will not lose your services right away. You will have XX days to talk to your Care Coordinator and figure out the problem and find the best way to fix it.

What if I get a job and start making more money – will I still be able to get my services?

Placeholder

What happens when I turn 65?

While the Program is for people ages 21 through 64, you can continue to be in the Program when you turn 65, and have access to all the same services and supports. This is your choice. You can also decide at that time, or at any time, to stop the Program.

What happens if I decide I don't want to be in the Program anymore?

[You can stop the Program at any time.](#) You will continue to receive your healthcare from the Program through the end of the month.

If you choose to no longer participate in the Program, you can:

- Contact MassHealth Customer Service Center
- Contact your Care Coordinator at your Integrated Care Organization (ICO)
- Visit a MassHealth Enrollment Center
- Contact a SHINE Counselor for help

What will happen if I don't sign up for the Program and I sign the form saying I don't want to be part of the Program?

Your normal services will continue. You don't have to sign up for the Program.

How do I choose to not be part of the Program?

It is important to know that signing up for the Program is your choice. You don't have to sign up. If you don't want to sign up, you can fill out a form that will be sent to you in the mail. You will continue to get your healthcare from MassHealth and Medicare.

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Introducing the ICO

At-a-Glance

An Integrated Care Organization (ICO) is a health plan or company that will manage your Medicare and MassHealth. It will make sure that your Primary Care Provider (PCP) and Specialty Providers work with you — and all the other people who take care of you — to keep you well.

Who are the Integrated Care Organizations (ICOs)?

The Integrated Care Organizations (ICOs) are a group of companies and health plans that have been created to help you manage your healthcare.

What will an Integrated Care Organization (ICO) do for me?

An Integrated Care Organization (ICO) will work with you to make sure you receive all the services you need including coordinating all of your care including:

- Mental health care
- Primary care
- Hospital care
- Long term services and supports (LTSS)

Your ICO will help you and your Primary Care Physician (PCP) put together a Care Team. Your Care Team will work with you to make a Plan of Care. The Plan will outline the needs and services you would like, who you would like to provide them, and when you would like to receive them.

Will the doctors and other healthcare providers I see now be part of my Care Team?

As long as your existing doctors and other healthcare providers are part of the Integrated Care Organization (ICO), they may be part of your Care Team. You can ask your healthcare providers if they are part of an ICO, or if they can sign up to be part of the ICO in your area.



Introducing the ICO

Integrated Care Organizations (ICOs)

An Integrated Care Organization (ICO) is a health insurance plan or company that will manage your MassHealth and Medicare. It will make sure that your Primary Care Provider (PCP) and Specialty Providers work with you — and all the other people who take care of you — to keep you well.

There will be people at the ICO whose job is to make sure that you are involved every step of the way, helping to decide what services you want (and don't want). They will work with you (and if you choose, your family and other caregivers) to get you the right services.

Who are the Integrated Care Organizations (ICOs)?

The Integrated Care Organizations (ICOs) are a group of companies and health insurance plans that have been created to help you manage your healthcare. A list of the ICOs is in Table 1 in the Resources Section of this toolkit.

Each ICO serves part of Massachusetts. Their service areas are based on the county where you live. To learn if an ICO is available where you live, please:

- See Table 1 located in the Resources Section at the end of this toolkit
- Talk to a SHINE Counselor, who is trained to help people decide which ICO would be best for them (contact information for the SHINE Counselors is in the Resources Section of this toolkit)

What will an Integrated Care Organization (ICO) do for me?

An Integrated Care Organization (ICO) will work with you to make sure you receive all the services you need. This includes coordinating all of your care including mental health care, primary care, Hospital care, and Long Term Services and Supports (LTSS).

Your ICO will work with you at all times to make sure you are receiving the care you want and need, when you want it and how you want it. They will even work with your family or trusted friends or advocates if you choose. See Figure 1 for a picture of how you and your ICO Care Team will work together.

Figure 1



Your ICO will meet all your care needs. In addition to your current MassHealth and Medicare benefits, your ICO will give you:

Coordinated care

- A Care Plan to serve your own care needs developed by you, your family and caregivers (if you choose), and your Care Team. The Care Plan lists your medical, mental health, and long term services and support
- Working closely with your Care Team and all your doctors and other healthcare providers

A Care Team

- A Primary Care Provider (PCP) for all your medical care and mental health needs
- A Care Coordinator or Clinical Care Manager who will:

- Talk to other doctors and service providers with you, as often as you like
- Make sure that your test results, care needs, and doctor referrals are taken care of
- Share correct and important information about your medical and mental health services, so all of your providers will know about changes in your care (for example, if you are in the hospital, the information about your healthcare will be shared with the hospital, so the services they give you meet your needs)
- Work with you to create a plan to keep you healthy
- Give you independent living and self-care skills
- Connect you to all of the services you need
- An Independent Living-Long Term Services and Supports (IL-LTSS) Coordinator who will:
 - Support your Long Term Services & Supports (LTSS) needs and wishes
 - Help you find the LTSS services and providers you need
- A Clinician (doctor or nurse) who will work with you to manage your clinical care if you:
 - Use many prescription medications
 - Have chronic health conditions
 - Are at high risk of going to a hospital or nursing facility

New services you may need

- Long Term Services and Supports (LTSS) that can help you stay at home in your community
 - LTSS can help you with many things like bathing, dressing, eating, doing laundry, shopping, and traveling to appointments
 - LTSS are meant to help you over a long period of time, mostly in your home or a community program, but also in places like nursing facilities
- Peer support specialists who have similar care needs to yours and can support you in managing your care and getting the services you need
- Transportation (like the bus or a car) that can take you to things like medical appointments and other community programs
- Communication and other access services including an American Sign Language or other language interpreter to communicate with your healthcare providers

If you have any questions about these different people or services, please talk to your healthcare providers or contact a SHINE Counselor (contact information is in the Resources Sections in this toolkit).

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Integrated Care Organization (ICO) Care Teams

You will be at the center of the Care Team, and the other members will be there to create and support your Care Plan (see Figure 2 below). Your Care Team will work with you to best meet your needs around what services you would like, who you would like to provide them, and when you would like to receive them. Your Care Team will also work with you becoming more independent or staying independent.

Your Integrated Care Organization (ICO) Care Team will be made up of:

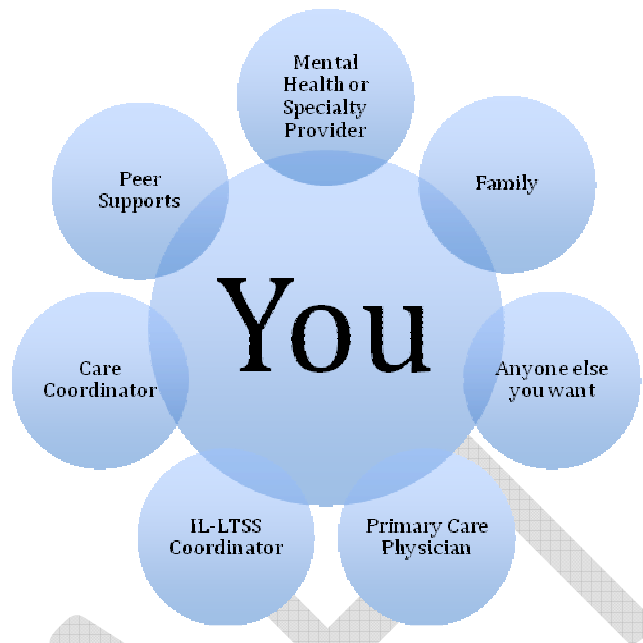
- You
- Primary Care Provider (PCP)
- Mental Health Provider (if needed)
- Care Coordinator or Clinical Care Manager
- Independent Living – Long Term Services & Supports Coordinator (IL-LTSS) (if needed)

If you choose, your Care Team may also include:

- Family members
- Other caregivers
- Advocates
- Specialist physician or clinician
- Registered Nurse
- Physician Assistant
- Community Health Workers;
- Peer Support Specialists
- Case managers
- Anyone else you want on your team

Only people you want will be on the Care Team; the ICO cannot put someone on the Care Team without your permission. The people on your Care Team can change as your needs change.

Figure 2



Will the doctors, specialists and other healthcare providers I see now be part of my Care Team?

As long as your existing doctors and other healthcare providers are part of the Integrated Care Organization (ICO), they may be part of your Care Team. You can ask your healthcare providers if they are part of an ICO. Each ICO may have a different group of healthcare providers, so it is important to compare each one.

Can I choose who else will be on my Care Team?

Yes, you can include anyone you would like to be involved in developing your Care Plan. This could include family members or other caregivers, current providers, or clergy. Anyone you think could help you to make sure you are receiving the services you need, in the way that you would like, can be included.

David talks with his Care Coordinator about who he wants to be on his Care Team. David tells his Care Coordinator that his best friend, Jake, has been his advocate for years and helps him to make choices about his healthcare. David's Care Coordinator helps Jake join David's Care Team.

Can I ask my doctor or other healthcare provider to become part of the Integrated Care Organization (ICO) I have chosen?

Yes. You can ask your provider(s) if they would be willing to join your ICO. However, there is a chance that the ICO may not agree to do this.

Will my Service Coordinator, Case Manager, or people from other organizations in the community still be involved in my care?

Yes, if you choose, your Care Team will work with the service providers that you have from other federal, state, and community. This includes:

- State agencies (like the Department of Developmental Services, the Department of Mental Health, the Department of Public Health, Massachusetts Commission for the Blind, Massachusetts Commission for the Deaf and Hard of Hearing, and the Massachusetts Rehabilitation Commission)
- Independent Living Centers (ILCs) or Aging Service Access Points (ASAPs)
- Recovery Learning Communities
- Social service agencies and services (such as housing and home delivered meals)
- Community-based mental health and substance use disorder service programs
- Federal agencies (like the Department of Veterans Affairs, Housing and Urban Development, and the Social Security Administration).

If you have any questions about having these organizations as part of your Care Team, please speak to your provider or contact a SHINE Counselor (contact information is in the Resources Section of this toolkit).

What would my Integrated Care Organization (ICO) Care Coordinator do for me?

Your Integrated Care Organization (ICO) Care Coordinator will work with you and your Care Team to:

- Complete a review of your care needs
- Assist you and your Primary Care Physician (PCP) to set up your personal Care Plan and decide how you will work together with your Care Team
- Work with you to carry out your Care Plan
- Make sure that all services are fully accessible

- Work to change your Care Plan when you need new or different services
- Be your contact for your ICO

What is an Independent Living – Long Term Services & Supports Coordinator? What would be the role in my care?

Independent Living – Long Term Services & Support (IL-LTSS) Coordinators understand Long Term Services & Supports (LTSS) needs and the resources available in your community and can be part of your Care Team, if you choose.

Your IL-LTSS Coordinator may:

- Take part in the review of your care needs
- Educate you and your Care Team about what services are available for you
- Plan with you for meeting your needs in your personal Care Plan
- Speak for you, if you choose, about getting the services you need and want
- Connect you to the services in your Care Plan;
- File appeals (complaints) with you about your Care Plan and services, if needed

You can work with your ICO to find an IL-LTSS Coordinator who fits your needs. Even if you do not have any LTSS needs now, you can always add an IL-LTSS Coordinator to your Care Team at any time.

Matthew needs assistance with medication management, getting out of bed and getting into the shower. He wants to know what supports are available in his community. Matthew works with his IL-LTSS Coordinator to learn about his choices. His IL-LTSS Coordinator helps Matthew to make a plan for medication management and he decides to hire a Personal Care Attendant to assist him with moving around his home and bathing.

What kind of skills would my Independent Living-Long Term Services & Supports (IL-LTSS) Coordinator have?

Each Independent Living-Long Term Services & Supports (IL-LTSS) Coordinator will have specialized knowledge, lived experience, or skills to work with people in the

Program. Some will have special knowledge to support people who are deaf or hard of hearing, people with mental health needs, or people with other needs.

If you have specific needs that your IL-LTSS Coordinator is not able to address, the Coordinator will find another person to work with you.

Can I choose my Independent Living-Long Term Services & Supports (IL-LTSS) Coordinator?

Yes. Your Integrated Care Organization (ICO) must offer you a choice of at least 2 Independent Living-Long Term Services & Supports (IL-LTSS) Coordinators.

What would a Community Health Worker do for me?

You can add a Community Health Worker to your Care Team to provide:

- Wellness coaching to improve your health (such as working with you to quit smoking or get more exercise)
- Skills to manage your chronic conditions (like diabetes or heart disease)
- Peer support to help you in your recovery (if needed)
- Support in independent living for people with physical disabilities
- Community supports if you are newly housed and or have been without permanent housing

Community Health Workers are trained health workers who live in your community, understand your needs, and can work with you to improve your life and health. A Community Health Worker may be a person who lives in your town who can work with you to find the healthy foods you might need or someone from your culture that can work with you to cook healthy food the way you like it.

A Community Health Worker may be someone that speaks your language, like Spanish or American Sign Language, and can work with you to find an exercise activity that you enjoy. A Community Health Worker may be a peer or someone that also experienced the same mental health condition or disability that you are experiencing and can help you with your recovery or community needs.

Who can help me read or do paperwork or finances? Can that person only help with paperwork for my medical care?

If you choose, you can have an Independent Living-Long Term Services & Supports (IL-LTSS) Coordinator work with you to complete important paperwork, teach you how to balance your checkbook, budget your money, and/or connect you to other community resources, such as a Recovery Learning Center Program, for training. Your Integrated Care Organization (ICO) Care Coordinator can also identify other community resources that can meet these needs for you, such as a Community Health Worker, peer support, or volunteer.

What if the Care Team disagrees with lifestyle choices, such as using alcohol, choices in relationships, etc?

Placeholder

What organization or agency has oversight of the Integrated Care Organization (ICO)?

Placeholder

Is the Integrated Care Organization (ICO) required to maintain my privacy and confidentiality?

Yes, your Integrated Care Organization (ICO) has to follow all privacy and confidentiality rules that MassHealth, Medicare, your doctors, and any other healthcare providers have to follow.

The ICO will have access to all information related to your healthcare and will be allowed to share this information with your Care Team members, physicians, and other healthcare providers involved in your care when needed. As a member of your Care Team, if there is information regarding your healthcare that you don't want shared with certain Care Team members or providers, you can keep that information private.

Is there a complaint process if I do not like the Integrated Care Organization (ICO) or any of the providers within the ICO?

There is an “Ombudsperson” who is a person that can work with you to address any concerns you may have. (Contact information for the Ombudsperson is in the Resources Section of the toolkit).

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Choosing an Integrated Care Organization (ICO)

You should think about what you need and how an Integrated Care Organization (ICO) can meet those needs before deciding which ICO to work with. SHINE Counselors can help you with this.

Before you pick an ICO, you should think about:

- Which Integrated Care Organizations (ICOs) serve the County where you live? (There is a list in Table 1 in the Resources section of this toolkit. If you do not know in which County you live, the MassHealth Customer Service Center or a SHINE Counselor can help you.)
- Is your current Primary Care Provider (PCP) or Specialty Provider(s) part of the ICO you are interested in? To find out:
 - Call a SHINE Counselor and ask
 - Call the ICO and ask
 - Call your provider(s) and ask
- Is your current service provider (such as Adult Day Health, Oxygen delivery vendor, Personal Care Management Agency) part of the ICO? To find out:
 - Call a SHINE Counselor and ask
 - Call the ICO and ask
 - Call your provider(s) and ask

Can I change my Integrated Care Organization (ICO)?

Yes, you can change your Integrated Care Organization (ICO) at any time.

Placeholder

If I chose to change my Integrated Care Organization (ICO), what would happen to my current benefits?

Placeholder

If I know that the “parent” insurance company covers my current providers, can I assume that their Integrated Care Organization (ICO) does as well?

No. The Integrated Care Organization (ICO) may have a different network of providers than the brand name (“parent”) health insurance.

Before choosing an ICO, you should confirm that your providers are part of the ICO. MassHealth Customer Service or a SHINE Counselor is able to help you if you have any questions.

Maria receives a notice in the mail about a new health care program available to her. She has questions. Maria calls the number for a SHINE counselor found at the bottom of the notice. The SHINE counselor let’s her know that he can help to explain the new program and discuss her choices. The SHINE Counselor asks Maria if she has completed a SHINE Pre-Enrollment Information Sheet (located in the Resources section of this toolkit). Maria did and was able to talk about her needs with the SHINE Counselor.

After you choose an Integrated Care Organization (ICO)

Care Team Assessment

A Care Team Assessment is when you meet with your Care Team to review your needs. A nurse will review medical care needs and other members of your Care Team will discuss with you your goals, preferences and social support needs.

The Assessment will happen in your home. If you do not want your Care Team to come to your home, you have the right to have it someplace else. The review of your care needs will contain the following care and support needs:

- Immediate needs and current services
- Health conditions and current medications
- Functional status, including your identified strengths and interests
- Mental health and substance use
- Accessibility requirements (like communication, transfer equipment, personal assistance, and appointments at a particular time of day, etc.)
- Equipment needs including adaptive technology
- Transportation access
- Housing/home environment
- Employment status and interest
- Involvement with other care coordinators, care teams, or other state agencies
- Informal supports (like caregiver supports)
- Social supports, including cultural and ethnic needs
- Food security and nutrition
- Wellness and exercise
- Advance directives and guardianship
- Personal health and wellness goals

In addition, if you need Mental Health services or Long Term Services & Supports (LTSS), your ICO may look at your needs for these services including:

- Your understanding of your rights and role in getting and managing your Care Plan
- How you would like the services to be provided to you

- How you would like to take part in recovery activities
- Your risk factors for abuse and neglect in your personal life or finances

How would I make care changes to the Care Plan with my Care Team?

You can make care changes by working with your PCP, your Care Coordinator, and your Care Team. You will be able to talk with your Care Team to get the services and supports that you want and need.

What if I disagree with a decision by my Care Team?

You can appeal any changes or decisions made by Care Team through your ICO or through the MassHealth Board of Hearings. Your ICO will give you written information about your complaint, grievance, and appeal rights. They can meet you in person about the process if you want.

What if I want more services than my Care Team will give me?

While you will be part of every decision your Care Team makes, you may not always get all the services that you want, or you may disagree with the amount of services in your Care Plan. You should discuss your concerns with your Primary Care Provider (PCP), Integrated Care Organization (ICO) Care Coordinator, or Independent Living-Long Term Services & Supports (IL-LTSS) Coordinator. You can appeal any changes or decisions made by your Care Team.

Health Care Services

At-a-Glance

What health care services will be covered under the Program?

The Program will cover many services including:

- MassHealth services
- Medical care
- Mental health services
- Substance abuse services
- Dental services
- Vision services
- Personal Care Assistance for Activities of Daily Living and Instrumental Activities of Daily Living
- Durable Medical Equipment Assistance
- Environmental Aids and Assistive/Adaptive Technology

Your Integrated Care Organization (ICO) will work with you to find any additional community support services you may need to help with:

- Wellness
- Recovery
- Self management of chronic conditions
- Independent living

For a full list of all the covered services, see the Resource Section of the toolkit.

Health Care Services

What health care services will be covered under the Program?

The Program will cover many services including MassHealth services, medical and mental health services, and additional community support services (like community health workers, day services, home modifications, and medication management).

For a full list of all the covered services, see the Resource Section of the toolkit.

If you think you may want to be part of the Program, you should review what services will be provided in more detail. In addition, each Integrated Care Organization (ICO) also has a Summary of Benefits that will tell you the specific services that will be offered.

Health Care Services and Supports for My Intellectual or Developmental Disability

At-a-Glance

What health care services and supports would be available to assist me with my intellectual or developmental disability?

Placeholder

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Health care services and supports related to my intellectual or developmental disability

Are there supports to assist me with understanding and organizing information for decision making?

Yes. Your Integrated Care Organization (ICO) Care Coordinator can talk with your Primary Care Physician (PCP) and make sure your voice is heard on your Care Team and in creating your Care Plan. Your Care Coordinator can speak with you directly and provide additional help with understanding diagnoses, recommendations, or follow-up needed, and will help make sure your service needs are met. You can also contact your Department of Developmental Services (DDS) service coordinator or family member (if you choose), or someone else that knows you best, to work with your Care Coordinator and help you understand you're the information or what your options are.

Who will help me with organizing all of my services?

Once you and your Care Team develop your Care Plan, your Integrated Care Organization (ICO) Care Coordinator and your Independent Living – Long Term Services & Supports Coordinator, if you choose, will assist you with organizing all the services in your Care Plan. This could include:

- Personal Care Attendant (PCA) Services – Assistance with your directing your care, paying your PCA and paperwork responsibilities
- Durable Medical Equipment – Assistance with meeting with specialists (occupational and/or physical therapist, physiatrist) to learn about the best equipment options to promote independence at home and in the community
- Home Modifications – Assistance with keeping you safe at home. For example, make sure you have grab bars in your bathroom if these would help you to get safely in and out of your bathtub.

What type of support would my family or caregivers receive?

Placeholder

Health Care Services & Supports for My Disability or Chronic Illness

At-a-Glance

I have a disability or chronic illness. Who will be able to work with me to meet my healthcare and daily needs?

Placeholder

For example:

- If you need communication assistance, like a translator, to work with your Care Team, your Care Coordinator or Independent Living-Long Term Supports and Services (IL-LTSS) Coordinator will work with you to make sure all of your services are accessible.
- If you and your family need help managing your chronic illness in your home, your Care Team can work with you to get home health care (like a home health aide or visiting nurse association).

I don't need hands-on assistance with daily activities. Can I now use Personal Care Attendant (PCA) services?

Yes. If you don't require hands-on assistance with daily activities (like bathing and dressing), but do need some help to live independently in the community, you will be able to get Personal Care Attendant (PCA) services through the Program.

Placeholder – Vignette of Graphic

If you have any questions, call MassHealth
Customer Service Center at 1-800-841-2900
TTY: 1-800-497-4648.

I have a disability or chronic illness. Who will be able to work with me to meet my healthcare and daily needs?

Placeholder - Vignette

I have a disability or chronic illness. Who would be able to work with me?

Placeholder

Will I receive the communication access I need?

Your Care Coordinator and Independent Living-Long Term Supports and Services (IL-LTSS) Coordinator will work with you to make sure all of your services are accessible. They will make sure that there are translators or other accommodations, so that you can communicate with your Care Team, providers, and anyone else needed to meet your needs.

What type of support would my family or caregivers receive?

Your family or caregivers can receive support or assistance through many different community support services offered by your ICO. For example:

- Respite Care can relieve your caregivers from their daily support in your care
- Day Services can provide a structured day activity for you to attend outside of your home, without the need for your family or caregivers present, so that you can develop your skills to live as independently as possible
- Non-medical transportation is available for you to access community services, activities and resources, reducing the need for your family or caregivers to transport you

I don't need hands-on assistance with daily activities. Can I now use Personal Care Attendant (PCA) services?

If you need help to live independently in the community, but do not require hands-on assistance with daily activities (like bathing and dressing), you may be able to get Personal Care Attendant (PCA) services through the Program. A PCA would be able to remind you to take your medication or guide you during eating.

I have a chronic illness. What would home care services do for me?

Home care services (like a home health aide or visiting nurse association) can help you, and your, family handle your chronic illness in your home or place of residence.

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Health Care Services and Supports for My Mental Health Needs and Substance Use Disorders

At-a-Glance

The Program will give mental health and substance use disorder (addiction to alcohol or other drugs) services. It will support recovery-based community mental health services and substance use disorder services including:

- Community Crisis Stabilization
- Community Support Program
- Partial Hospitalization
- Acute Treatment and Clinical Support Services for Substance Abuse
- Urgent Care (Emergency) Mental Health Services

For a complete list of mental health services and a description of each, please see the Resources Section of the toolkit.

How would I access Mental Health or Substance Use Disorder services?

You can talk with your Primary Care Provider (PCP) or Integrated Care Organization (ICO) Care Coordinator about these services. Your Care Team will work with you to make a Plan of Care that includes treatment for mental health issues or substance use disorders.

The Recovery Model

The recovery model for addressing mental health and substance use needs looks at every part of your life and how it contributes to your disease. It focuses on improving the whole person and ending negative patterns. It often uses peer support. Everyone's path through recovery looks a little different, so talk with your doctor or members of your Care Team about your needs.

If you have any questions, call MassHealth Customer Service Center at 1-800-841-2900
TTY: 1-800-497-4648.

What about specific healthcare needs related to my mental health condition or substance use disorder?

Sandra has a serious health condition and takes several medications. She wants her mental health provider to work with her primary care physician (PCP) to make sure all of her medication and services work together to best meet her needs. Sandra asks about this during a Care Team meeting and her Integrated Care Organization (ICO) Care Coordinator follows up with her providers, who adjust her medication and reduce unwanted side effects.

What type of mental health and substance use disorder services will the Program give?

The Program will give mental health services. It will support recovery-based community mental health and services for substance use disorders, including:

- Community Crisis Stabilization
- Community Support Program
- Partial Hospitalization
- Acute Treatment and Clinical Support Services for Substance Abuse

For a complete list of mental health services and a description of each, please see the Resources Section of the toolkit.

How would I access Mental Health or Substance Use Disorder services?

You can access Mental Health services through your Primary Care Provider (PCP) or Integrated Care Organization (ICO) Care Coordinator.

Your Care Team will work with you to determine if you have mental health needs or a substance use disorder. You and your Care Team will develop a Care Plan that includes mental health or substance use treatment if you need it.

Will the program give emergency Mental Health services?

Yes. Through your Integrated Care Organization (ICO), you will have a Primary Care Provider (PCP) and a Mental Health provider available via 24 hours a day for

urgent needs, such as timely approval of services or to coordinate transfer to an emergency department.

What type of experience will Integrated Care Organization (ICO) staff have with Mental Health services?

Your Integrated Care Organization (ICO) will make sure that any staff involved in getting you Mental Health services have training and experience in the correct areas.

Since the Integrated Care Organization (ICO) will cover all aspects of my care, including mental health, how much information would be shared across providers?

Your ICO must keep a single record of your care, and make sure that your Primary Care Provider (PCP) and all members of your Care Team can access your record, for timely communication of your care needs. If there is specific information about your care that you do not want shared, you should speak to your PCP, specialist, or ICO Care Coordinator to make sure your request is known.

My Primary Care Provider (PCP) thinks that I have mental health needs and wants me to consult with a mental health provider. I disagree. Will I still have the option of refusing some types of care?

It's your choice to receive or not receive the services. While the Program allows you choice over your care, your Primary Care Provider (PCP) is a lead member of your Care Team and is responsible for your well-being. There is usually a good reason behind a PCP requesting a consult. Talking to your PCP, your Care Coordinator, or other members of your Care Team can help you decide if you want to follow the recommendation.

What will happen to my Department of Mental Health (DMH) services if I choose to sign up?

Your DMH providers will work with you and your Care Team to decide what services are best for you. If there are services not covered by your Integrated

Care Organization (ICO), your Care Team will work with you to make sure you can receive those from DMH, if available.

What is the recovery model and how does it work?

The recovery model is a person-centered, strengths-based, and trauma-informed system of services that is well coordinated and culturally responsive. Recovery is a journey of healing and change. Sometimes people with mental health needs accept their diagnosis and separate from society. Recovery can help a person with mental health needs gain hope and self-esteem, and become more independent in the community with dignity and respect.

What kind of recovery support would I receive?

Your Care Team can also work with you using a recovery model. The recovery model shifts the focus from your illness to wellness, from facility care to community living. You, your Care Team, and peer supports can work together using this recovery model, if you choose. You can develop skills to assist you in improving your health, housing, life goals, and community by using core practices such as peer support, choice, and person-centered approaches.

How will mental health and substance use disorder services be coordinated with the rest of my care?

You and your Care Team will determine all the services that will be included in your Care Plan, including mental health and/or substance use disorder services. You can determine how much you want your providers to participate in your Care Team, and how your services will be coordinated.

If I have mental health or substance use needs, who would be able to work with me?

Any member of your Care Team is available to work with and support you, however you choose. In addition, Community Health Workers may be of great support to you on these needs. As a trained health worker with an understanding of your experience (or language or culture), Community Health Workers can work

with you, advocate for you, and give you hope about recovery, in many ways, including:

- Providing training, education and support in recovery, wellness, and community services
- Assisting with setting up appointments and arranging activities related to your needs
- Connecting you with community services and organizations
- Meeting with you, in your home or community, to discuss your needs and concerns

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Health Care Services and Supports for People with Housing and Food Assistance Needs

At-a-Glance

Would the Care Team help me find permanent housing?

Yes. Your Care Team will include a peer support specialists or community health worker who can work with you to solve housing issues by:

- Working with you to find a place to live
- Connecting you to resources to get funding or professional help
- Guiding you through the process, including completing paperwork

Would the Program provide me with food assistance (help) like home delivered meals?

Yes. Your Care Team will work with you to find solutions to your food needs, including home delivered meals, identifying free meal locations, or helping you sign up for government food programs.

Where would I receive my services if I do not have permanent housing? *Placeholder*

Housing First

Housing First is an approach to chronic homelessness, that is an alternative to the emergency shelter/transitional housing process. Housing First provides opportunities for a homeless person or household to move immediately from the streets or homeless shelters to their own apartment. The process focuses on meeting the primary need of stable housing, then focusing on other needs (such as medical or recovery issues).

What about resources or services related to my housing or food assistance needs?

Placeholder – Consumer Vignette

Where would I receive my services if I do not have permanent housing?

Placeholder

What kind of services can I receive if I reside in a shelter and need assistance with primary healthcare, mental health or other services?

Regardless of your place of residence, your Integrated Care Organization (ICO) Care Team will make sure you have access to all the same services as any other ICO member. In addition, your ICO Care Coordinator, Independent Living-Long Term Services & Supports (IL-LTSS) Coordinator, or Community Health Worker can work closely with you to identify the how to access the services you need.

Would the Care Team help me find permanent housing?

Yes. Through a Housing First approach, your Care Team will focus on opportunities to move you into a permanent housing arrangement, such as an apartment. Your Care Team will support you to obtain stable housing and then will begin working with you to address your other needs (such as medical or recovery needs).

Would the Program provide me with food assistance (help), like home delivered meals?

Yes. Your Care Team will work with you to find solutions to your food needs, including home delivered meals, identifying free meal locations, or helping you sign up for government food programs.

How would a Community Health Worker support me to address my housing or nutrition needs?

Community Health Workers can work with you to resolve housing issues by working with you to find a place to live, connecting you to resources to get funding or professional help, and guiding you through the process, including completing paperwork. If you choose, Community Health Workers can also work with you to learn to budget or balance your checkbook.

Community Health Workers can work with you to identify community-based meals or access resources (such as food banks or food stamps). Community Health Workers can encourage healthier eating habits, purchases, and even assist you to prepare healthy meals.

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Resources

Table 1: ICOs by County

These ICOs are available in your County. A check mark (✓) means the ICO is available to people who live in all cities and towns in your County. “Partial” means the ICO is only available to people who live in certain cities and towns in that County.

- Blue Care Partnership (BCP)
- Boston Medical Center HealthNet Plan (BMCHP)
- Commonwealth Care Alliance (CCA)
- Fallon Total Care, LLC (FTC)
- Neighborhood Health Plan (NHP)
- Network Health, LLC

ICO Name							
County		BCP	BMCHP	CCA	FTC	NHP	Network Health
	Barnstable	✓	✓		✓		✓
	Berkshire		✓				✓
	Bristol	✓	✓		✓		✓
	Dukes						✓
	Essex	✓		✓	✓	✓	✓
	Franklin	✓	✓	✓			✓
	Hampden	✓	✓	✓	✓		✓
	Hampshire	✓	✓	✓	✓		✓
	Middlesex	✓	✓	✓	✓	✓	✓
	Nantucket						✓
	Norfolk	✓	✓	✓	✓		✓
	Plymouth	✓	✓	Partial	✓		✓
	Suffolk	✓	✓	✓	✓	✓	✓
	Worcester	✓		✓	✓		✓

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Table 2: Massachusetts Cities and Towns by County

Placeholder

Services Covered by the Program

If you have any questions about these services and what they mean, please contact a SHINE Counselor (contact information is below in the Resources Section).

General Services

Inpatient Hospital
 Adult Day Health
 Adult Foster Care
 Ambulance (emergency)
 Audiologist Services
 Behavioral Health Services (mental health and substance use disorders)
 Chiropractic Care
 Chronic Disease and Rehabilitation Hospital Inpatient
 Community Health Center (includes FQHC and RHC services)
 Day Habilitation
 Dental Services
 Durable Medical Equipment and Supplies
 Family Planning
 Group Adult Foster Care
 Hearing Aids
 Home Health
 Hospice
 Laboratory/X-ray/Imaging
 Medically Necessary Non-emergency Transport
 Nurse Midwife Services
 Nurse Practitioner Services
 Orthotic Services
 Outpatient Hospital
 Outpatient Surgery
 Oxygen and Respiratory Therapy Equipment
 Personal Care
 Pharmacy
 Physician
 Podiatry
 Independent Nursing
 Prosthetics
 Renal Dialysis Services
 Skilled Nursing Facility
 Speech and Hearing Services
 Therapy: Physical, Occupational, and Speech/Language
 Vision Care

Diversionsary Behavioral Health Services

Community Crisis Stabilization
 Community Support Program (CSP)
 Partial Hospitalization
 Acute Treatment Services for Substance Abuse
 Clinical Support Services for Substance Abuse
 Psychiatric Day Treatment
 Intensive Outpatient Program
 Structured Outpatient Addiction Program
 Program of Assertive Community Treatment
 Emergency Services Program

Expanded Services

Preventive, Restorative, and Emergency Oral Health (Dental) Benefits
 Personal Care Assistance (including cueing and monitoring)
 Durable Medical Equipment (training in usage, repairs, modifications)
 Environmental Aids and Assistive/Adaptive Technology
 Vision Services (ICO contracted providers)

New Community-based Services (Flexible Services that may be included in the Individualized Care Plan)

Day Services
 Home Care Services
 Respite Care
 Peer Support/Counseling/Navigation
 Care Transitions Assistance (across settings)
 Home Modifications
 Community Health Workers
 Medication Management
 Non-Medical Transportation

Definitions & Glossary of Terms

New Community-based Services are defined as follows:

Day Services: Day services provide for structured day activity typically for individuals with pervasive and extensive support needs who are not ready to join the general workforce. Services are individually designed around consumer choice and preferences with a focus on improvement or maintenance of the person's skills and their ability to live as independently as possible in the community. Day Services often include assistance to learn activities of daily living and functional skills; language and communication training; compensatory, cognitive and other strategies; interpersonal skills; prevocational skills and recreational/socialization skills.

Home Care Services: Home Care services include several types of home supports, including: Providing a worker or support person to perform general household tasks such as preparing meals, doing laundry and routine housekeeping, and/or to provide companionship to the Enrollee; Providing a range of personal support and assistance to enable an individual to accomplish tasks that they would normally do for themselves if they could, including such things as help with bathing, dressing, personal hygiene and other activities of daily living. This assistance may take the form of hands-on assistance or cueing and supervision to prompt the Enrollee to perform a task; and a variety of activities to help the Enrollee acquire, retain or improve his/her skills related to personal finance, health, shopping, use of community resources, community safety, and other social and adaptive skills to live in the community. This may include skills training and education in self-determination and self-advocacy to enable the Enrollee to acquire skills to exercise control and responsibility over the services and supports they receive, and to become more independent, integrated, and productive in their communities. All such services/supports would be appropriate when the individual needs them and/or when the person who is regularly responsible for the activities, such as a family caregiver, is absent or unable to manage the tasks.

Respite Care Respite includes services provided to an Enrollee to support his/her caregiver (family member, friend). Respite may be provided to relieve informal caregivers from the daily stresses and demands of caring for an Enrollee in order to strengthen or support the informal support system.

Peer Support/Counseling/Navigation: Peer Support is designed to provide training, instruction and mentoring to individuals about self-advocacy, participant direction, civic participation, leadership, benefits, and participation in the community. Peer support may be provided in small groups or may involve one peer providing support to another peer to promote and support the individual's ability to participate in self-advocacy. The one-to-one peer support is instructional; it is not counseling. The service enhances the skills of the individual to function in the community and/or family home.

Care Transitions Assistance (across settings): Services that facilitate safe and coordinated transitions across care settings, which may be particularly appropriate for Enrollees who have experienced or are expecting an inpatient stay, such as: Ensuring appropriate two-way exchange of information about the Enrollee, including primary diagnoses and major health problems, care plan that includes patient goals and preferences, diagnosis and treatment plan, and community care/service plan (if applicable), patient's goals of care, advance directives, and power of attorney, emergency plan and contact number and person, reconciled medication list, identification of, and contact information for, transferring clinician/institution, patient's cognitive and functional status; test results/pending results and planned interventions, follow-up appointment schedule with contact information, formal and informal caregiver status and contact information, designated community-based care provider, long-term services, and social supports as appropriate; Telephonic or other follow-up with Enrollees within 48 hours of an inpatient encounter; Culturally and linguistically competent post-discharge education regarding symptoms that may indicate additional health problems or a deteriorating condition; Patient-centered self-management support and relevant information specific to the Enrollee's condition and any ongoing risks; Referral to and care coordination with post-acute and outpatient providers as needed, including community-based support services providers.

Home Modifications: Home modifications are physical adaptations to an Enrollee's private residence that are necessary to ensure the health, welfare and safety of an individual or that enable the individual to function with greater independence in the home. Such modifications include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies required for the Enrollee. Excluded are those modifications or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the individual, or which would normally be considered the responsibility of the landlord. Home modifications that add to the total square footage of the home are excluded except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

Community Health Workers: Public health workers who apply their unique understanding of the experience, language, and/or culture of the populations they serve in order to carry out one or more of the following roles: Providing culturally appropriate health education, information, and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community centers; Bridging/culturally mediating between individuals, communities, and health and human services, including actively building individual and community capacity; Assuring that people access the services they need; Providing direct services, such as informal counseling, social support, care coordination, and health screenings; and Advocating for individual and community needs. CHWs are distinguished from other health professionals because they are hired primarily for their understanding of the populations and communities they serve; conduct outreach a significant portion of the time in one or more of the categories above; and have experience providing services in community settings.

Medication Management: Medication management is the provision of support to an Enrollee capable of self-administration of prescription and over-the-counter medications, including the following activities provided by a support worker: reminding the Enrollee to take the medication; checking the package to ensure that the name on the package is that of the Enrollee; observing the Enrollee taking the medication; and documenting in writing the observation of the Enrollee's actions regarding the medication (e.g., whether the Enrollee took or refused the medication, the date and time). If requested by the Enrollee, the support worker may open prepackaged medication or open containers, read the name of the medication and the directions on the label to the Enrollee, and respond to any questions the Enrollee may have regarding those directions.

Non-medical transportation: Non-medical transportation is provided to enable the Enrollee to access community services, activities and resources in order to foster the Enrollee's independence and support integration and full participation in his/her community. Non-emergency medical transportation (NEMT) provides transportation to medically-related services.

The diversionary behavioral health services are defined as follows:

Community Crisis Stabilization: An alternative to hospitalization, including short-term psychiatric treatment in structured, community-based therapeutic environments.

Community Support Program: an array of services delivered by a community-based, mobile, multi-disciplinary team of professionals and paraprofessionals

Partial Hospitalization: short-term day mental health programming available seven days per week.

Acute Treatment Services for Substance Abuse: 24-hour, seven days a week, medically monitored addiction treatment services that provide evaluation and withdrawal management.

Clinical Support Services for Substance Abuse: 24-hour treatment services, which can be used independently or following Acute Treatment Services for substance use disorders

Psychiatric Day Treatment: a program of a planned combination of diagnostic, treatment and rehabilitative services.

Intensive Outpatient Program: A clinically intensive service designed to improve functional status, provide stabilization in the community, divert an admission to an Inpatient Service, or facilitate a rapid and stable reintegration into the community following a discharge from an inpatient service.

Structured Outpatient Addiction Program: Clinically intensive, structured day and/or evening substance use disorder services.

Program of Assertive Community Treatment: A multi-disciplinary team approach to providing acute, active, ongoing, and long-term community-based psychiatric treatment, assertive outreach, rehabilitation and support.

Emergency Services Program: Services provided through designated contracted ESPs, and which are available seven days per week, 24 hours per day to provide treatment of any individual who is experiencing a mental health crisis.



PROGRAM Pre-Enrollment Information Sheet



Please print

Name: _____ Date: _____

Address: _____

Zip code: _____ Phone: _____

Medicare #: _____ Medicaid #: _____

Date of Birth: _____ Language: _____

Your current medical insurance coverage:

Coverage	Name of plan/effective date	Monthly or quarterly cost
Medicare Part A	Effective:	
Medicare Part B	Effective:	
Medicare Advantage Plan	Name:	
Medigap or Supplement	Name:	
Medicare Part D	Name:	
Retiree or union coverage Is prescription coverage included? Y/N Has it been determined as good as Part D (creditable)? Y/N	Name:	

Please list your current providers below
Use additional paper if necessary
Print clearly

Provider	Services Provided
Primary Care Physician (doctor, nurse practitioner, etc)	
Medical Specialists	
Personal Care	
Durable Medical Equipment	

Covered Services

Please indicate which of the following services you currently receive, and which ones you need that you do not currently receive:

Current	Need	Service	Current	Need	Service
		Inpatient Hospital			Medically Necessary Non-emergency Transport
		Adult Day Health			Nurse Midwife Services
		Adult Foster Care			Nurse Practitioner Services
		Ambulance (emergency)			Orthotic Services
		Audiologist Services			Outpatient Hospital
		Behavioral Health Services (mental health and substance use disorders)			Outpatient Surgery
		Chiropractic Care			Oxygen and Respiratory Therapy Equipment
		Chronic Disease and Rehabilitation Hospital Inpatient			Personal Care
		Community Health Center			Pharmacy
		Day Habilitation			Physician
		Dental Services			Podiatry
		Durable Medical Equipment and Supplies			Independent Nursing
		Family Planning			Prosthetics
		Group Adult Foster Care			Renal Dialysis Services
		Hearing Aids			Skilled Nursing Facility
		Home Health			Speech and Hearing Services
		Hospice			Therapy: Physical, Occupational, and Speech/Language
		Laboratory/X-ray/Imaging			Vision Care
Mental Health or Substance Use Disorder Services					
		Community Crisis Stabilization			Psychiatric Day Treatment
		Community Support Program			Intensive Outpatient Program
		Partial Hospitalization			Structured Outpatient Addiction Program
		Acute Treatment Services for Substance Abuse			Program of Assertive Community Treatment
		Clinical Support Services for Substance Abuse			Emergency Services Program

In addition, ICOs will offer the following services that are not currently covered by Medicare or Medicaid. Please mark those you think you might need:

Need	Service	Need	Service
	Dental Services; Preventive, Restorative, and Emergency Oral Health benefits		Respite Care
	Personal Care Assistance for cueing and monitoring for Activities of Daily Living and Instrumental Activities of Daily Living		Peer Support/ Counseling/ Navigation
	Training in durable medical equipment usage, repairs, and modifications		Care Transitions Assistance (across settings)
	Environmental Aids and Assistive/Adaptive Technology		Home Modifications
	Vision Services (eyeglasses through ICO contracted providers)		Community Health Workers
	Day Services		Medication Management
	Home Care Services		Non-Medical Transportation

To have SHINE assist you in finding the best ICO for you, complete and contact SHINE by telephone, or return to:

**SHINE
Executive Office of Elder Affairs
1 Ashburton Pl., 5th floor
Boston, MA 02108**

Contact Information

MassHealth Customer Service Center

MassHealth Customer Service Center	Address	Phone Number
		1-800-841-2900 TTY: 1-800-497-4648

MassHealth Enrollment Centers

Regional Center	Address	Phone Number
Chelsea	45-47 Spruce Street Chelsea, MA 02150	1-888-665-9993 TTY: 1-888-665-9997
Springfield	333 Bridge Street Springfield, MA 02150	1-800-332-5545 TTY: 1-800-596-1276
Taunton	21 Spring Street, Suite 4 Taunton, MA 02780	1-800-242-1340 TTY: 1-800-596-1272
Tewksbury	367 East Street Tewksbury, MA 01876	1-800-408-1253 TTY: 1-800-231-5695

SHINE Counselors (SHINE – Serving the Health Information Needs of Elders)

SHINE	Address	Phone Number
	1 Ashburton Place, 5 th Floor Boston, MA 02108	

Ombudsperson Organization

Ombudsperson Agency	Address	Phone Number
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Program Implementation Council

Implementation Council	Address	Phone Number
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Integrated Care Organizations (ICOs)

ICO Name	Address	Phone Number
Blue Care Partnership		
Boston Medical Center HealthNet Plan		
Commonwealth Care Alliance		
Fallon Total Care, LLC		
Neighborhood Health Plan		
Network Health, LLC		

Commonwealth of Massachusetts State Agencies

Agency Name	Address	Phone Number
Department of Developmental Services (DDS):	Central West Region	413-284-1500
	171 State Avenue	
	Palmer MA 01069	
	Northeast Region	978-774-5000
	Hogan Regional Center	
	Hathorne MA 01937	
	Metro Region	781-314-7500
	411 Waverley Oaks Road	
	Suite 304	
	Waltham MA 02452	
	Southeast Region	508-866-5000
	68 North Main Street	
	Carver MA 02330	
Department of Public Health	250 Washington Street	617-624-6000
	Boston MA 02108	
Department of Housing and Community Development	100 Cambridge Street	617-573-1100
	Suite 300	
	Boston MA 02114	
Department of Mental Health	Central-West Worcester Office	508-368-3838
	205 Belmont Street Suite 2B	
	Worcester MA 01604	

	Central-West Northampton Office P.O. Box 389 Northampton, MA 01061	413-587-6200
	Metro-Southeast Brockton Office 165 Quincy Street Brockton, MA 02302	508-897-2000
	Metro-Southeast Boston Office 85 East Newton Street Boston, MA 02118	617-626-9200
	Northeast-Suburban Tewksbury Office P.O. Box 387 Tewksbury, MA 01876	978-863-5000
	Northeast-Suburban Westborough Office Hadley Building 167 Lyman Street Westborough, MA 01581	508-616-3500
Executive Office of Elder Affairs	One Ashburton Place, Fifth floor Boston, Massachusetts 02108	617-727-7750
Massachusetts Commission for the Blind	600 Washington Street Boston, MA 02111	617-727-5550
Massachusetts Commission for the Deaf and Hard of Hearing	Executive Office 600 Washington Street Boston, MA 02111	617-740-1600 Voice 617-740-1700 TTY 617-326-7546 Video Phone @ Front Desk 866-470-2515 Video Phone @ Interpreter Referral Department
	Southeastern Massachusetts Regional Office 61 Industrial Park Road Plymouth, MA 02360	617-740-1651 Voice 617-740-1751 TTY
	Western Massachusetts Regional Office Springfield State Office Building 436 Dwight Street, Suite 204 Springfield, MA 01103	413-788-6427 Voice/TTY 866-948-9190 Video Phone
	Central Massachusetts Regional Office 2 Foster Street, Second Floor	413-788-6427 Voice/TTY 866-948-4360 Video Phone

	Worcester, MA 01608	
	Berkshire Regional Office	413-788-6427 Voice/TTY
	160 North Street, Suite 201	866-327-0668 Video Phone
	Pittsfield, MA 01201	
Massachusetts Rehabilitation Commission	600 Washington Street	800-245-6543
	Boston, MA 02111	617-204-3600

Independent Living Centers (ILCs)

ILC Name	Address	Phone Number
AdLib, Inc.	215 North Street Pittsfield MA 01201	413-442-7047
Boston Center for Independent Living	60 Temple Place 5 th Floor Boston MA 02111	617-338-6665
Cape Organization for the Rights of the Disabled (CORD)	106 Bassett Lane Hyannis MA 02601	800-541-0282
Center for Living and Working	484 Main Street Worcester MA 01608	508-755-1746
Independent Living Center of the North Shore and Cape Ann	27 Congress Street Suite 107 Salem MA 01972	888-751-0077
Independence Associates, Inc.	141 Main Street 1 st Floor Brockton MA 02301	508-583-2166
Metro West Center for Independent Living	280 Irving Street Framingham MA 01702	508-875-7853
Multi-Cultural Independent Living Center of Boston	110 Claybourne Street Dorchester MA 02124	617-288-9431
Northeast Independent Living Program, Inc.	20 Ballard Road Lawrence MA 01842	978-687-4288
Southeast Center for Independent Living, Inc.	Merrill Building 66 Troy Street, Suite 3 Fall River MA 02720	508-679-9210

Stavros Center for Independent Living	210 Old Farm Road Amherst MA 01002	413-256-0473
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Aging Service Access Points (ASAPs) and Area Agencies on Aging (AAAs)

ASAP/AAA Name	Address	Phone Number
BayPath Elder Services, Inc.	33 Boston Post Road West Marlborough, MA 01752	800-287-7284
Boston Elder Info.	89 South Street, Suite 501 Boston, MA 02111	(617) 292-6211
Boston Senior Home Care	89 South Street, Suite 501 Boston, MA. 02111	(617) 451-6400
Bristol Elder Services, Inc.	182 North Main Street Fall River, MA. 02720	800-427-2101
Central Boston Elder Services, Inc.	812 Huntington Avenue Boston, MA. 02115	(617) 277-7416
Central Mass Agency on Aging, Inc.	360 West Boylston Street West Boylston, MA. 01583	800-244-3032
Chelsea /Revere/Winthrop Elder Services	PO Box 6427, 100 Everett Avenue, Unit 10 Chelsea, MA 02150	(617) 884-2500
Coastline Elderly Services, Inc.	1646 Purchase Street New Bedford, Ma. 02740	(508) 999-6400
Commission on Affairs of the Elderly	Boston City Hall One City Hall Plaza, Room 271 Boston, MA. 02201	(617) 635-4366
Elder Services of Worcester Area	411 Chandler Street Worcester, MA. 01602	800-243-5111
Elder Services of Berkshire County	66 Wendell Avenue Pittsfield, MA. 01201	(413) 499-0524
Elder Services of Cape Cod and the Islands	68 Route 134 South Dennis, Ma. 02660	(508) 394-4630
Elder Services of the Merrimack Valley, Inc.	Riverwalk, Building #5 360 Merrimack Street	800-892-0890

	Lawrence, MA. 01843	
ETHOS	555 Amory Street Jamaica Plain, MA. 02130	(617) 522-6700 or (617) 524-2899
Franklin County Home Care Corporation	330 Montague City Road Turners Falls, MA. 01376	(413) 773-5555
Greater Lynn Senior Services, Inc.	8 Silsbee Street Lynn, MA. 01901	(781) 599-0110
Greater Springfield Senior Services	66 Industry Avenue Springfield, MA. 01104	800-649-3641
Health & Social Services Consortium (HESSCO)	1 Merchant Street Sharon, MA. 02067	(781) 784-4944
Highland Valley Elder Services	320 Riverside Drive Suite B Florence, MA. 01062	800-322-0551
Minuteman Senior Services	24 Third Avenue Burlington, MA. 01803	888-222-6171
Montachusett Home Care Corporation	Crossroads Office Park 680 Mechanic Street--Suite # 120 Leominster, MA. 01453-4402	800-734-7312 (MA only)
Mystic Valley Elder Services, Inc.	300 Commercial Street, #19 Malden, MA. 02148	(781) 324-7705
North Shore Elder Services, Inc.	152 Sylvan Street Danvers, MA. 01923-3568	(978) 750-4540
Old Colony Elderly Services, Inc.	144 Main Street, P.O. Box 4469 Brockton, MA. 02403	(508) 584-1561 or (508) 586-3700
Old Colony Planning Council	70 School Street Brockton, MA. 02401	(508) 583-1833
SeniorCare	5 Blackburn Center Gloucester, MA. 01930-2259	866-927-1050
Somerville/Cambridge Elder Services, Inc.	61 Medford Street Somerville, MA. 02143-3420	(617) 628-2601
South Shore Elder Services, Inc.	159 Bay State Drive Braintree, MA. 02184	(781) 383-9790 or (781) 848-3910
Tri-Valley Elder Services, Inc.	10 Mill St.	800-286-6640 (MA only)

	Dudley, MA 01571	
West Mass Elder Care, Inc.	4 Valley Mill Road	800-462-2301
	Holyoke, MA. 01040	
Springwell	125 Walnut Street	(617) 926-4100
	Watertown, MA. 02472	